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| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/811,033             |            |
|   | Filing Date          | March 16, 2001         |            |
|   | First Named Inventor | Kamioka, et al.        |            |
|   | Art Unit             | 2655                   |            |
|   | Examiner Name        | Gautam Patel           |            |
| Total Number of Pages in This Submission  |                      | Attorney Docket Number | 28569.9200 |

| ENCLOSURES (check all that apply)  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance communication to Group                            |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Licensing-related Papers                               | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment / Reply                                   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert a Provisional Application          | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer                                    | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund                                     | Submission/Response for RCE and RCE  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____                              |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | Remarks   |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

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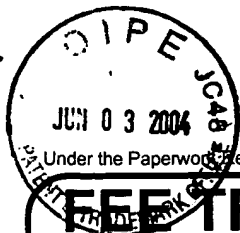
JUN 07 2004

Technology Center 2600

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | Shahpar Shahpar, Reg. No. 45,875, SNELL & WILMER LLP<br>One Arizona Center, 400 East Van Buren<br>Phoenix, Arizona 85004-2202 |
| Signature                                  | <i>S. Shahpar</i>   |
| Date                                       | 5-31-04   |

| CERTIFICATE OF TRANSMISSION/MAILING   |                      |      |              |
|---|----------------------|------|--------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the |                      |      |              |
| Typed or printed name   | Sheila Bowman        | Date | June 1, 2004 |
| Signature   | <i>Sheila Bowman</i> |      |              |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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PTO/SB/17 (10-03)  
Approved for use through 07/31/2006. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE**FEE TRANSMITTAL  
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$770.00

**Complete if Known**

Application Number 09/811,033

Filing Date March 16, 2001

First Named Inventor Kamioka, et al.

Examiner Name Gautam Patel

Art Unit 2655

Attorney Docket No. 28569.9200

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| METHOD OF PAYMENT (check all that apply)   |                                      | FEE CALCULATION (continued)  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
|--|--------------------------------------|--|----------------|-----------------|------------------------|-----------------|----------|-----------------------------|----------|----------|--------------------|------------------------|---------|-------------------------------------|----------|-----------------------------------|---------|--|----------|---------------------------------------|----------|-----------------------------|----------|--|------------|---|---------|--|-----------|--|--|-------------|-------------|---|--|----------|---------|--|--|----------|----------|---|--|----------|----------|--|--|------------|----------|---|--|------------|------------|--|--|----------|----------|------------------|--|----------|----------|--|--|----------|----------|--------------------------|--|------------|------------|---|--|----------|---------|----------------------------------|--|------------|----------|------------------------------------|--|------------|----------|--------------------------------|--|----------|----------|------------------|--|----------|----------|-----------------|--|----------|----------|-------------------------------|--|---------|---------|---------------------------------------|--|----------|----------|--|--|---------|---------|--|--|----------|----------|---|--|----------|----------|--|--|----------|----------|---|--------|----------|----------|---|--|---------------------|--|--|--|--------------|--|--|----------|
| <input checked="" type="checkbox"/> Check  | <input type="checkbox"/> Credit card | <b>3. ADDITIONAL FEES</b>  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> Other       |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| <input type="checkbox"/> None  |                                      |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| <input checked="" type="checkbox"/> Deposit Account:   |                                      |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| Deposit Account Number 19-2814   |                                      |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| Deposit Account Name Snell & Wilmer LLP  |                                      |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| The Director is authorized to: (check all that apply)  |                                      |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| <input type="checkbox"/> Charge fee(s) indicated below   |                                      | <input checked="" type="checkbox"/> Credit any overpayments  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)   |                                      |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |                                      |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| <b>FEE CALCULATION</b>   |                                      |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| <b>1. BASIC FILING FEE</b>   |                                      |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee Code</th><th></th><th></th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002 340</td><td>2002 170</td><td>Design filing fee</td><td></td></tr><tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="2">SUBTOTAL (1)</td><td></td><td></td></tr></tbody></table>   |                                      | Large Entity   | Small Entity   | Fee Description | Fee Paid               | Fee Code        | Fee Code |                             |          | 1001 770 | 2001 385           | Utility filing fee     |         | 1002 340                            | 2002 170 | Design filing fee                 |         | 1003 530   | 2003 265 | Plant filing fee                      |          | 1004 770                    | 2004 385 | Reissue filing fee                                 |            | 1005 160  | 2005 80 | Provisional filing fee                                     |           | SUBTOTAL (1)   |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| Large Entity   | Small Entity                         | Fee Description  | Fee Paid       |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| Fee Code   | Fee Code                             |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1001 770   | 2001 385                             | Utility filing fee   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1002 340   | 2002 170                             | Design filing fee  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1003 530   | 2003 265                             | Plant filing fee   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1004 770   | 2004 385                             | Reissue filing fee   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1005 160   | 2005 80                              | Provisional filing fee   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| SUBTOTAL (1)   |                                      |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND</b>   |                                      |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| <table border="1"><thead><tr><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims -20** = 0</td><td>X</td><td>0.00</td></tr><tr><td>Independent Claims -3** = 0</td><td>X</td><td>0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td></tr></tbody></table>  |                                      | Extra Claims   | Fee from below | Fee Paid        | Total Claims -20** = 0 | X               | 0.00     | Independent Claims -3** = 0 | X        | 0.00     | Multiple Dependent |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| Extra Claims   | Fee from below                       | Fee Paid   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| Total Claims -20** = 0   | X                                    | 0.00   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| Independent Claims -3** = 0  | X                                    | 0.00   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| Multiple Dependent   |                                      |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee Code</th><th></th><th></th></tr></thead><tbody><tr><td>1202 18</td><td>2202 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201 86</td><td>2201 43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203 290</td><td>2203 145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204 86</td><td>2204 43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205 18</td><td>2205 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="2">SUBTOTAL (2)</td><td></td><td>\$0.00</td></tr></tbody></table> |                                      | Large Entity   | Small Entity   | Fee Description | Fee Paid               | Fee Code        | Fee Code |                             |          | 1202 18  | 2202 9             | Claims in excess of 20 |         | 1201 86                             | 2201 43  | Independent claims in excess of 3 |         | 1203 290   | 2203 145 | Multiple dependent claim, if not paid |          | 1204 86                     | 2204 43  | ** Reissue independent claims over original patent |            | 1205 18   | 2205 9  | ** Reissue claims in excess of 20 and over original patent |           | SUBTOTAL (2)   |  |             | \$0.00      |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| Large Entity   | Small Entity                         | Fee Description  | Fee Paid       |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| Fee Code   | Fee Code                             |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1202 18  | 2202 9                               | Claims in excess of 20   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1201 86  | 2201 43                              | Independent claims in excess of 3  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1203 290   | 2203 145                             | Multiple dependent claim, if not paid  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1204 86  | 2204 43                              | ** Reissue independent claims over original patent   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1205 18  | 2205 9                               | ** Reissue claims in excess of 20 and over original patent   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| SUBTOTAL (2)   |                                      |  | \$0.00         |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
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unavoidable</td><td></td></tr><tr><td>1453 1,330</td><td>2453 665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501 1,330</td><td>2501 665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502 480</td><td>2502 240</td><td>Design issue fee</td><td></td></tr><tr><td>1503 640</td><td>2503 320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460 130</td><td>1460 130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807 50</td><td>1807 50</td><td>Processing fee under 37 CFR § 1.17(q)</td><td></td></tr><tr><td>1806 180</td><td>1806 180</td><td>Submission of Information Disclosure Statement</td><td></td></tr><tr><td>8021 40</td><td>8021 40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809 770</td><td>2809 385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>1810 770</td><td>2810 385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>1801 770</td><td>2801 385</td><td>Request for Continued Examination (RCE)</td><td>770.00</td></tr><tr><td>1802 900</td><td>1802 900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="2">Other fee (specify)</td><td></td><td></td></tr><tr><td colspan="2">SUBTOTAL (3)</td><td></td><td>\$770.00</td></tr></tbody></table> |                | Large Entity    | Small Entity           | Fee Description | Fee Paid | Fee Code                    | Fee Code |          |                    | 1051 130               | 2051 65 | Surcharge - late filing fee or oath |          | 1052 50                           | 2052 25 | Surcharge - late provisional filing fee or cover sheet |          | 1053 130                              | 1053 130 | Non - English specification |          | 1812 2,520   | 1812 2,520 | For filing a request for ex parte reexamination |         | 1804 920*  | 1804 920* | Requesting publication of SIR prior to Examiner action |  | 1805 1,840* | 1805 1,840* | Requesting publication of SIR after Examiner action |  | 1251 110 | 2251 55 | Extension for reply within first month |  | 1252 420 | 2252 210 | Extension for reply within second month |  | 1253 950 | 2253 475 | Extension for reply within third month |  | 1254 1,480 | 2254 740 | Extension for reply within fourth month |  | 1255 2,010 | 2255 1,005 | Extension for reply within fifth month |  | 1401 330 | 2401 165 | Notice of Appeal |  | 1402 330 | 2402 165 | Filing a brief in support of an appeal |  | 1403 290 | 2403 145 | Request for oral hearing |  | 1451 1,510 | 1451 1,510 | Petition to institute a public use proceeding |  | 1452 110 | 2452 55 | Petition to revive - unavoidable |  | 1453 1,330 | 2453 665 | Petition to revive - unintentional |  | 1501 1,330 | 2501 665 | Utility issue fee (or reissue) |  | 1502 480 | 2502 240 | Design issue fee |  | 1503 640 | 2503 320 | Plant issue fee |  | 1460 130 | 1460 130 | Petitions to the Commissioner |  | 1807 50 | 1807 50 | Processing fee under 37 CFR § 1.17(q) |  | 1806 180 | 1806 180 | Submission of Information Disclosure Statement |  | 8021 40 | 8021 40 | Recording each patent assignment per property (times number of properties) |  | 1809 770 | 2809 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 770 | 2810 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 770 | 2801 385 | Request for Continued Examination (RCE) | 770.00 | 1802 900 | 1802 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  | SUBTOTAL (3) |  |  | \$770.00 |
| Large Entity   | Small Entity                         | Fee Description  | Fee Paid       |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| Fee Code   | Fee Code                             |  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1051 130   | 2051 65                              | Surcharge - late filing fee or oath  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1052 50  | 2052 25                              | Surcharge - late provisional filing fee or cover sheet   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1053 130   | 1053 130                             | Non - English specification  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1812 2,520   | 1812 2,520                           | For filing a request for ex parte reexamination  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1804 920*  | 1804 920*                            | Requesting publication of SIR prior to Examiner action   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1805 1,840*  | 1805 1,840*                          | Requesting publication of SIR after Examiner action  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1251 110   | 2251 55                              | Extension for reply within first month   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1252 420   | 2252 210                             | Extension for reply within second month  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1253 950   | 2253 475                             | Extension for reply within third month   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1254 1,480   | 2254 740                             | Extension for reply within fourth month  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1255 2,010   | 2255 1,005                           | Extension for reply within fifth month   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1401 330   | 2401 165                             | Notice of Appeal   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1402 330   | 2402 165                             | Filing a brief in support of an appeal   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1403 290   | 2403 145                             | Request for oral hearing   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1451 1,510   | 1451 1,510                           | Petition to institute a public use proceeding  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1452 110   | 2452 55                              | Petition to revive - unavoidable   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1453 1,330   | 2453 665                             | Petition to revive - unintentional   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1501 1,330   | 2501 665                             | Utility issue fee (or reissue)   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1502 480   | 2502 240                             | Design issue fee   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1503 640   | 2503 320                             | Plant issue fee  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1460 130   | 1460 130                             | Petitions to the Commissioner  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1807 50  | 1807 50                              | Processing fee under 37 CFR § 1.17(q)  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1806 180   | 1806 180                             | Submission of Information Disclosure Statement   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 8021 40  | 8021 40                              | Recording each patent assignment per property (times number of properties)   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1809 770   | 2809 385                             | Filing a submission after final rejection (37 CFR § 1.129(a))  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1810 770   | 2810 385                             | For each additional invention to be examined (37 CFR § 1.129(b))   |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1801 770   | 2801 385                             | Request for Continued Examination (RCE)  | 770.00         |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
| 1802 900   | 1802 900                             | Request for expedited examination of a design application  |                |                 |                        |                 |          |                             |          |          |                    |                        |         |                                     |          |                                   |         |  |          |                                       |          |                             |          |  |            |   |         |  |           |  |  |             |             |   |  |          |         |  |  |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |              |  |  |          |
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| Name (Print/Type) | Shahpar Shahpar | Registration No. (Attorney/Agent) | 45,875         |
| Signature         |                 | Telephone                         | (602) 382-6306 |
|                   |                 | Date                              | 5-31-04        |

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